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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136800001		CITY OR TOWN	WEST BROOKFIELD	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: WEST BROOKF DOING BUSINESS A YE OLDE TAV ADDRESS 7 EASTMAIN STREET				
CITY/TOWN: WEST BROOKFIELD	STATE: MA	ZIP CODE:	01585	
	YPE OF LICENSE: In		ATEGORY: All Alcoho	1
EMAIL ADDRESS:				
	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREM				
TWO FLOORS & CELLAR SIX ROOM CELLAR USED FOR STORAGE.	MS ON FIRST FLOO	R, 14 ROOMS ON S	ECOND FLOOR,	
the licensee has complied wi     the premises are now open for SIGNED BY:  Individual, Partners	th all laws of the Com	monwealth relating to		
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER	
We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo	nspector and the hea	d of the fire departr	nent for the above name	ed
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	36800002		CITY OR TOWN	WEST BRO	OOKFIELD
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: PA	ARIS GOGOS				
DOING BUSINESS A	P & S PIZZA HOUS	Ξ			
ADDRESS 4 EAST MA	IN STREET				
CITY/TOWN: WEST	BROOKFIELD	STATE: MA	ZIP CODE:	01585	
MANAGER: GOGOS	, PARIS TYPE C	OF LICENSE: Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC					
FIRST FLOOR: FOUR			RAGE.		
I hereby certify and swea					
	license will be of the	• •	•		
	nas complied with all		_	o taxes; and	
3. the premises	are now open for busing	iness (If not expl	ain below)		
SIGNED BY:	ndividual, Partner or A	Authorized Corp	orate Officer		
	101 ( 10 uu 1	identification of the company of the	31410 G 111001		
DATE:	TELEDITONE N		EMDI OVEI	DENTIFICAT	TION NUMBER:
211121	TELEPHONE N	UMBER:	(Note: NOT Ind		
					•
We the undersigned, a Acts of 2004, signed by license and (2) the cert	y the building inspec	tor and the hea	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)			-		
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 136800004		CITY OR TOWN	WEST BRO	JOKFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 260 WES CITY/TOWN: WES	ST MAIN ST		ZID CODE.	01505	
		STATE: MA	ZIP CODE:	01585	A11 A111
Г	EM, NANCY J. TYPE	OF LICENSE:Innr	10Ider C	ATEGORY:	All Alconol
EMAIL ADDRESS:	DI EACE ALCO VICIE OUD WEDE	WEEL AND ENVIED VOLD EN	IAH ADDDESS		
	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		IAIL ADDRESS		
TWO STORY BLDO RESTROOMS AND	G.W/ATTACHED BAI STORAGE. FIRST FI R ROOMS AND POR	RN W/BASEMENT LOOR WITH FOUL			
I hereby certify and s	wear under penalties of	f perjury that:			
1. the renew	ed license will be of the	e same type for the	same premises now	licensed;	
2. the license	ee has complied with al	l laws of the Comm	nonwealth relating	to taxes; and	
3. the premis	ses are now open for bu	ısiness (If not expla	in below)		
SIGNED BY:	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT In	dividual Social So	ecurity Number)
Acts of 2004, signed	l, attest that we are in l by the building inspe ertificate of liquor lia	ector and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved explain	in)				
(ii disappioved expla	,				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY LICE	ENSEES DURING THE MO	ONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16	5A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	136800005		CI	IIYO	K IOV	VIN	WEST DK	OOKFIELD
APPLICATION FOR	R RENEWAL:	Annu	ıal		LIC	ENS	SED FOR 2	013
		CLA	SS					YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 5 WARE	A	Y-FREW AME	RICAN LE	G. PC	OST #24	44 II	NC.	
CITY/TOWN: WES		STATE:	MA	7ID	CODE		01585	
				ZIF	CODE			
MANAGER: LESI	JE, JOAN TY	PE OF LICEN	SE:Club				ATEGORY:	All Alcohol
EMAIL ADDRESS:								
DESCRIPTION OF	PLEASE ALSO VISIT OUR V		YOUR EMAIL	ADDRE	SS			
BASEMENT; 1 LAF KITCHEN, 2 STOR COOLER	RGE ROOM WITH	BAR AND BE						
I hereby certify and s	wear under penaltie	es of perjury tha	ıt:					
1. the renew	ed license will be of	f the same type	for the san	ne pre	mises r	now	licensed;	
	ee has complied wit					ng to	taxes; and	
3. the premis	ses are now open fo	or business (If n	ot explain	below	r)			
SIGNED BY:	Individual, Partne	er or Authorized	l Corporate	e Offi	cer			
DATE:	TELEPHO:	NE NUMBER:			EMPLC	YER	IDENTIFICA	TION NUMBER:
				(No	ote: NOT	[ Indi	ividual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the o	d by the building in	nspector and tl	ne head of	the f	ire dep	artn	nent for the	above named
Please Check Below:			I	LOCA	L LICI	ENS	ING AUTH	ORITY
APPROVED:			I	Ву:				
DISAPPROVED: [ (If disapproved explain	 nin)							
(ii disappioved expir	,							
DATE:								
APPLICATION FOR RENEV	VAL MUST BE FILED BY	LICENSEES DURIN	G THE MONT	TH OF N	OVEMBE	ER (M	.G.L. Ch. 138 \$ 1	16A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 136800008		CITY OR TOWN	WEST DK	OURFIELD
APPLICATIO	ON FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
	AME: COUNTRY COR				
ADDRESS 11	8 WEST MAIN ST RTE	9			
CITY/TOWN:	: WEST BROOKFIELD	STATE: MA	ZIP CODE:	01585	
MANAGER:	MCKEARNEY, TY PETER J.	PE OF LICENSE:Pa	ckage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		_
DESCRIPTIO SINGLE STO	ON OF LICENSED PREMORY BLDG.	ISES:			
2. the		th all laws of the Com	monwealth relating (		
DATE:	TELEPHO	NE NUMBER:			TION NUMBER: ecurity Number)
Please Check Bel APPROVED: DISAPPROVED			LOCAL LICENS By:	SING AUTHO	ORITY
(If disapproved DATE:	d explain)				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 136800011		CITY OR TOWN	WEST BRO	OOKFIELD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: COLONIAL HEIGH	TS SPIRITS, INC			
DOING BUSINESS A THE SPIRIT SHOP	PE			
ADDRESS 139 WEST MAIN STREET				
CITY/TOWN: WEST BROOKFIELD	STATE: MA	ZIP CODE:	01585	
MANAGER: TURNBULL, TYPE RICHARD L.	OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISE	S:			
A ONE STORY BLDG. ABOUT 1,000 SQ LOT. SECOND MEANS OF EGRESS TO			ONTO A PA	RKING
2. the licensee has complied with al 3. the premises are now open for bu SIGNED BY:		_	taxes; and	
Individual, Partner or	r Authorized Corp	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TION NUMBER: ecurity Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS. By:	ING AUTHO	DRITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	136800013		CITY OR TO	OWN	WEST BRO	OOKFIELD
APPLICATION FOR I	RENEWAL:	Annual	I	ICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	JENZ, INC.					
DOING BUSINESS A	NORTHEAST PIZ	ZZA				
ADDRESS 208 WEST	MAIN STREET					
CITY/TOWN: WEST	BROOKFIELD	STATE: MA	A ZIP COI	DE:	01585	
MANAGER: BARRI STEVE	*	E OF LICENSE:	Restaurant	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF LI	CENSED PREMIS	ES:				
ONE STORY BUILDI	NG CONTAINING	A KITCHEN A	ND RESTAURA	NT.		
2. the licensee 3. the premises SIGNED BY:	l license will be of the has complied with a sare now open for be	all laws of the Co pusiness (If not ex	mmonwealth rel			
DATE:	TELEPHONE	E NUMBER:				TION NUMBER: ecurity Number)
We the undersigned, Acts of 2004, signed blicense and (2) the cer	y the building insp	pector and the h	ead of the fire d	epartr	nent for the	above named
Please Check Below:			LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 136800014		CITY OR TOWN	WEST BRO	OOKFIELD
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME	E: AJT ENTERPRISE				
DOING BUSINES	S A MAIN ST LIQUORS				
ADDRESS 11 EAS	ST MAIN ST				
CITY/TOWN: W	EST BROOKFIELD	STATE: MA	ZIP CODE:	01585	
	NNA, ANDREW TYPE C	F LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR I	EMAIL ADDRESS		J
DESCRIPTION OF	F LICENSED PREMISES:				
SINGLE STORY I	BUILDING WITH NO BA	SEMENT			
	nises are now open for businises are now open for business are now open for businises are now open for business are no	ness (If not exp	lain below)	taxes, and	
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:	٦		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved exp	plain)				
DATE:					
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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13680	00017	CITY OR TOWN	WEST BROOKFIELD
APPLICATION FOR REN	EWAL: Annu	ual LICENS	SED FOR 2013
	CLA	SS	YEAR
LICENSEE NAME: YU C DOING BUSINESS A CHI			
ADDRESS 00152A WEST	MAIN ST		
CITY/TOWN: WEST BRO	OOKFIELD STATE:	MA ZIP CODE:	01585
MANAGER: WU, EN-FU	H TYPE OF LICEN	ISE:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTE	R YOUR EMAIL ADDRESS	
A FREE STANDING BUIL BY THE KITCHEN, MAIN COUNTER. MAIN ENTRA I hereby certify and swear un	DINING ROOM WILL H NCE ON NORTH SIDE. I	IAVE A SERVICE BAR AN HANDICAP ENTRANCE O	ND CASHIER
2. the licensee has c	**	for the same premises now e Commonwealth relating to tot explain below)	
SIGNED BY: Indiv	idual, Partner or Authorize	d Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attes Acts of 2004, signed by the license and (2) the certific	e building inspector and t	he head of the fire departn	nent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			